


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000002601**  
1. Entity Name  
**MOVIMIENTO DEMOCRACIA, CORP.**



Principal Place of Business      Mailing Address  
**4545 NW 7TH STREET, #14**      **P.O. BOX 440661**  
**MIAMI, FL 33126**      **MIAMI, FL 33144-0661**

**DO NOT WRITE IN THIS SPACE**



05062006 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>65-0723923</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SANCHEZ, RAMON S**  
**4545 NW 7TH STREET, #14**  
**MIAMI, FL 33126**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANCHEZ, RAMON S 4545 NW 7TH STREET, #14 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARCIA, MERCEDES 4545 NW 7TH STREET #14 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VELASCO, MILAGROS 4545 NW 7TH STREET #14 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DELVALLE, NORMAN 4545 NW 7TH STREET #14 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000565350  
05/23/06-80001-006 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ramon Sanchez      5/16/06      305-785-0669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #